

## CALIFORNIA STATE EMPLOYEES' CHARITABLE CAMPAIGN

### 2003 AFFILIATED MEMBER BENEFICIARY CERTIFICATION

California Government Code section 13923 and Title 2, California Code of Regulations, section 663, provide for the solicitation of State officers and employees for charitable purposes and allow for payroll deductions related to the solicitation. State officers and employees may be solicited only by a Victim Compensation and Government Claims Board (Board) approved Principal Combined Fund Drive (PCFD).

#### FORM INSTRUCTIONS

The following items must be **returned to your PCFD** for filing with the Board:

1. Complete sections I - III, including an original signature
2. A copy of your 501(c)(3) documentation, including a letter from the IRS or other state issued documentation authorizing any legal name change.

*Facsimile or photocopied applications will not be accepted.*

#### I. AFFILIATE ORGANIZATION NAME:

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: (     ) \_\_\_\_\_

FACSIMILE NUMBER: (     ) \_\_\_\_\_

PRIMARY CONTACT PERSON NAME: \_\_\_\_\_

PRIMARY CONTACT PERSON TITLE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ORGANIZATION WEB PAGE ADDRESS: \_\_\_\_\_

PCFD AFFILIATION: \_\_\_\_\_

**II.** Please provide a statement, no greater than 25 words in length, describing your organization's activities. Your web address may be included and will not be counted as part of the 25 words. This statement may or may not be included in the local Campaign Brochures.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2003

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**III. *We certify under penalty of perjury:***

- (1) *That we are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and*
- (2) *That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Section 12900).*

\_\_\_\_\_  
**Original** Signature of Affiliate's Authorized Officer  
(blue ink preferred)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name of Authorized Officer

\_\_\_\_\_  
Title

Return this completed form to: (PCFD)

CSECC ID No.